



State of Washington  
Department of Agriculture  
State Veterinarian  
P.O. Box 42577  
Olympia, WA 98504-2577

# PERMIT TO IMPORT

PERMIT 91-

Clinic/Vet Name: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Shipped By:

Shipped To:

Shipment:

Number:

Description:

☐ Female Cattle Vaccinated

☐ Approval from WDFW

Check Test(s) Completed:

☐ Brucellosis

☐ EIA

☐ Meningeal/Muscle Worm

☐ Pullorum-Typhoid

☐ Tuberculosis

☐ Pseudorabies

☐ Other \_\_\_\_\_

Special Instructions:

Authorized By: